Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

UNITED STATES DISTRICT COURT

for the

District of

Division

	Case No.
Amoury Gren) (to be filled in by the Clerk's Office)
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)))))
Captain Dines C.O Gordon. Captain Clarke Captain Clarke Captain Chmut ESU Captain Johnson)))))
Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here))

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Angury Grana
All other names by which	
you have been known:	
ID Number	741 210 2214
Current Institution	N. T. C
Address	15-80 HAZEN St
	East ELMANST N.Y 11370
	City State Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1	
Name	city of New york
Job or Title (if known)	Municipal corporation
Shield Number	whom
Employer	State of New york
Address	City hall
	New York N.Y 1000I
	Citv State Ziv Code
	☐ Individual capacity ☐ Official capacity
Defendant No. 2	
Name	Pines
Job or Title (if known)	Captain
Shield Number	unknown
Employer	Department of corrections
Address	East simpurst 11-11 haven street
	East Elmonard N.Y 11370
	Citv State Zip Code
	☐ Individual capacity ☐ Official capacity

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II.

officials?

Name Job or Title (Il known) Shield Number Employer Address Address Defendant No. 4 Name Job or Title (Il known) Shield Number Employer Address Defendant No. 4 Name Job or Title (Il known) Shield Number Employer Address Basis for Jurisdiction Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under Bivens v. Six Unknown Named Agents of Federal Baveau of Narcotics, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights. A. Are you bringing suit against (check all that apply): Federal Bivens claim) State or local officials (a Bivens claim) State or local officials (a \$1983 claim) B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials? A. Are you bringing suit against (check all that apply): A Are you bringing suit against (check all that apply): A Are you bringing suit against (check all that apply): A Are you bringing suit against (check all that apply): A Are you bringing suit against (check all that apply): A Are you bringing suit against (check all that apply): A Are you bringing suit against (check all that apply): A Are you bringing suit against (check all that apply): A Are you bringing suit against (check all that apply): A Are you bringing suit against (check all that apply): A Are you bringing suit against (check all that apply): A Are you bringing suit against (check all that apply): A Are you bringing suit against (check all that appl		Defendant No. 3	
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	÷	- we will	
	,	m	

are suing under Bivens, what constitutional right(s) do you claim is/are being violated by federal

Defondant No.5
(E.S.L. caption) Johnson
RIKERS ISLAND

* Individual capacity official especity

Defendant No.6.
(caption) chmut

R.N.D.G 11-11 Hazen et

EASt elmhurst N.Y 11370

Tindividual capacity official capacity

Defendant No. 7

(D.W) John doe

R.N.D.: 11-11 Haven of

East elimburst, N.Y. 11370

Eindividual apacity Official capacity

Defendant No.9

C.O John doe

R.M.D.C 11.11 haven street

East eliments N.Y 11370

East eliments N.Y 11370

Endividual capacity official capacity.

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D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia
	42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under col-
	of state or local law. If you are suing under Bivens, explain how each defendant acted under color o
	federal law. Attach additional pages if needed. The City of New York for failing to ensure that employees properly to sometion officers, Take doe John doe and Gordon are liable for To provide adequate medical attention and inflicting excell and unaxal
•	Forrection officers, Janedoe John doe and gordon are have to To provide adequate medical attention and inflicting order and unavail
	copicity Pines Clarke chimnet and D.W are liable for Failing to
Priso	Eastail Pines Clarke chimnet and D.W are liable for Failing to Supervise and enforce rules and laws and due process as they a oner Status
Indic	cate whether you are a prisoner or other confined person as follows (check all that apply):
	Pretrial detainee
	Civilly committed detainee
	Immigration detainee
	Convicted and sentenced state prisoner
	Convicted and sentenced federal prisoner
	Other (explain)
Stater	ment of Claim
alleged further any ca	as briefly as possible the facts of your case. Describe how each defendant was personally involved in the dwrongful action, along with the dates and locations of all relevant events. You may wish to include r details such as the names of other persons involved in the events giving rise to your claims. Do not cit asses or statutes. If more than one claim is asserted, number each claim and write a short and plain nent of each claim in a separate paragraph. Attach additional pages if needed.
A.	If the events giving rise to your claim arose outside an institution, describe where and when they aros
.	
В.	If the events giving rise to your claim arose in an institution, describe where and when they arose. RNDC 11-11 Nator shoot East eliminated N.Y I1370 An aproximately 7 pm on the 7th day of Jamery 2022

C.	What date and approximate time did the events giving rise to your claim(s) occur?
	on the 7th day of January 2022 at aproximately 7 pm
	On the 14th day of January 2022 at approximately I am

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

I was refit ench to x-rays and prescribed pain medication due inflictions implied by officers and copeains (see affected page)

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I suffered mental anguish post traumatic stress, anxiety, and suicidual thoughts/Deep depression and was required to see mental health

And I suffered extreme pain to my hands and wrist and was required medical for further determination

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

It request \$1,000,000 in punitive domages and actual damages it request the defendants pay all medical fees from behind the injuries of thier actions trules and regulations be implied to Department of corrections in terms of timelines and handcuff adjustments

EMEMBY TO THEMSTATE

On January 17th 2022 at approximately 7:00 pm medication was called be housing alea 2 central south located at the R.M.D.C. Building on rikers island several immotes left in route to get thiers medication at that time including anter exiting the housing area me and fellow immotes wandered off toward a different housing area that housed other fellow immates that we were amiliar with to say "whats up". After we finished soying our greetings we smilliar with to say "whats up". After we finished soying our greetings we are to make our way back to our assigned housing over 11th which we reter soped from proceeding by prison officials, which threatened to spray us not before spray with chemical agents in hards, which ted to us running what to prevent acting sprayed once it was no where else to run II stood in the corner mith my hards in the air in a surtender posture, when suddently afficer John doc approached and pepper sprayed in.

"After all inmates were secured we availed outside the intake area to get searched. It sounded after about 30 minutes of awaiting my turn to get searched. It is not consistently in and to avail medical attention were not provided. It consistently told caption ines, that I was having crouble breathing but to no avail It was not provided medical

provided medical

It was strip scanded and ask to get on the "x-ray" machine after. It have because It deemed it unreasonable due to the fact that It was already strip searched and due to the fact that It feared that the proceedyne could suse me concer. After It refused the x-ray machine caption clarke for c.m.c. Restraints to be put on me It informed him that It have been injuried in the past due to the restraints being to high and on for to many hours in the past due to the restraints being to high and on for to many hours and asked that the restraints to be reasonably secured and tooking off at a timely manner. It is which they refused my wishes and put the hand cuffs wight around my wrist ofter it was escorted back to my holding cell it informed into a hour of the last time that my suffs were to tight which he stated youll be alright before walking off

introughout the night It told officer Jare doe in charge of the intake to that It was in extrant pain due to the cuffs being to tight and on for to organize headed for her to call a medical emergence, because it couldn't seel my hands and was in extrant pain, in which she just ignored me. As it survival tactic It flooded my cell with water and transped to talk one of my fellow inmakes to efact a fire inside my holding cell. In order to try and set molical attention, once the fire alarm went off and after numerous latements of my stating that it couldn't breath due to the smoke, officer tank doe stated than going to get you and sprayed me with the fire extinguisher and to my surprise medical attention was still not provided.

on the 8th day of January 2022 at approximately 10 Am. It agreed to go * RAY DUR Branch the extheme pain It had acumulated throughout the hours when the restraints came off It visualized that my hands were extremely swollen and feared that my hands would be cut off it It didn't gest immediate medical then trong so II proprected to see medical after the sean. After the same to was not clear if the sean occurate enough to determine if II clear and was idented to strip search again in which II ded much . After that they said that Ley have to put the restraints back on It stated that It needed urgent redical attention in which they declined and twisted and turned my hands and wrist in order to forcible install the restraints back on further injuring me again I beaped captain chimut, and c.o Gordon to no avail medical was not

Provided.

i) Around 5 pm II Firmally made it inside an isolation cell in G.R.V.C on Rivers Island and the E.M.C set up were taken off. for the following days up until the 14th day of January 2072 II was not afforded adequate medical care or law library or a phone call or a mattress to atexp on. At approximately 12m 1/14/22 II was placed back in A G.M.C bet up by E.S.V And they were not tooking off until later on that night at 9:00 pm when II arrived to N.S.C on Rivers island. E.S.U captain Johnson was informed that I had injuries dued to C.W.C bet up being to tight for prolonged periods of time and was still trying to appear medical. In which II was ignored by E.S.U and captain Johnson.

AMURY URRHA

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

Did your claim(s) ari	se wille you	were comm	ieu iii a jaii	, prison, or	outer corre	ectional la	cility?
Yes							
☐ No							
If yes, name the jail, events giving rise to			nal facility	where you	were conf	ined at the	time of the
				•			
	:				÷.		
P.N.D.C	And	G.R.V					
Does the jail, prison, procedure?	or other corr	ectional faci	lity where	your claim	(s) arose ha	ive a griev	ance
✓ Yes			,				
□ No							
☐ Do not know						•	
						,	
Does the grievance processome or all of y		he jail, priso	n, or other	corrections	l facility w	here your	claim(s) ar
☐ Yes							
□ 1,95							
☐ No		•					
☐ No)?						
☐ No ☐ Do not know)?						

	Yes							
					•			
	No			,				
If r	o, did you file a grievanc er correctional facility?	e about the ev	ents desc	ribed in th	is compl	aint at any	other jail	, priso
· 	Yes							•
d	No			*				
If y	ou did file a grievance:							
1.	Where did you file the g	rievance?						•
							•	
							·	
					,		•	
		· · · · · · · · · · · · · · · · · · ·						
2.	What did you claim in you	our grievance.	4		•		•	
3.	What was the result, if a	ny?						
3.	What was the result, if a	ny?						
3.	What was the result, if a	ny?						
3.	What was the result, if a	ny?						
3.	What was the result, if a	ny?						
 4. 	What was the result, if an What steps, if any, did you not, explain why not. (D)	ou take to appo	eal that d	ecision? I	s the grice highesi	evance pro	cess comp	oleted'
 4. 	What steps, if any, did yo	ou take to appo	eal that d	ecision? I	s the grice highesi	evance pro	cess comp ne grievand	oleted' ce pro

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F.	If you did not file a grievance:
	1. If there are any reasons why you did not file a grievance, state them here: The collect 311 and complained about the injuries and the medical meglect
	2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any: I told pines, gordon, chart, Jane doe that I was in severe and vigent need of medical, due to emergency carcumstances but me reports went unansweved and ignored state at 0.0.6 still are leaving c.m.c or for way low Than the 4 hours that's registimate
G.	Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. That asked medical to offord me a medical note to require more lenient restaints, for the larger than Time What it equals (Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)
Previo	ous Lawsuits
the fil	three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying ling fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, that an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous,

VIII.

malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge,	have you had	d a case dis	smissed bas	sed on this '	'three strikes rule''?
Yes			•		
No					

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

imprisonment?

	eve you filed other lawsuits in state or federal court dealing with the same facts involved in thit ion?
] Yes
<i>.</i>	No
	your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If are than one lawsuit, describe the additional lawsuits on another page, using the same format.
1.	Parties to the previous lawsuit
	Plaintiff(s)
	Defendant(s)
2.	Court (if federal court, name the district; if state court, name the county and State)
3.	Docket or index number
4.	Name of Judge assigned to your case
5.	Approximate date of filing lawsuit
6.	Is the case still pending?
	☐ Yes
	□No
	If no, give the approximate date of disposition.
7.	What was the result of the case? (For example: Was the case dismissed? Was judgment en in your favor? Was the case appealed?)

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] Yes
	Ø	No
	<u> </u>	
D.		your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is re than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1.	Parties to the previous lawsuit
		Plaintiff(s)
		Defendant(s)
	2.	Court (if federal court, name the district; if state court, name the county and State)
	3.	Docket or index number
	4.	Name of Judge assigned to your case
	5.	Approximate date of filing lawsuit
	6.	Is the case still pending?
		☐ Yes
		□No
		If no, give the approximate date of disposition
	7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

Date of signing:

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

•	•		
Signature of Plaintiff Printed Name of Plaintiff Prison Identification # Prison Address	Amoury Urena 241 210 2214 N.T.C 15-00 hares East elimburst	NY State	1 1370 Zip Code
	Cuy	Siare	Zip Couc
For Attorneys			
Date of signing:			
Signature of Attorney			
Printed Name of Attorney			
Bar Number			
Name of Law Firm			
Address			
	City	State	Zip Code
Telephone Number			

AMAURY URENA 2411 210 2214 N.T. C 15-00 Hazer street East Elmhurst N.Y 11370









7020 3160 0000 0988 3326

02 1P \$ 000.58 0000940327 JAN 31 2022 MAILED FROM ZIP CODE 11370

RETURN RECEIPT REQUESTED Pariel Patrick prognition U.S courthouse (Pro se tintake) 500 pearl atreet New york, New york 10007

P3

SDNY PRO SE OFFICE

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